

A black and white close-up portrait of a man with dreadlocks and glasses, looking slightly upwards. The image is the background for the entire page.

# ANNUAL REPORT 2014

Published October 2015



**HEALTH  
CARE** for  
the  
**HOMELESS**

# “Homelessness does not define me.”

—Mark Schumann, Board member and client

**10 million Americans have no place to call home**

**50,000** live in Maryland

**30,000** live in Baltimore City

People typically experience homelessness because they can't afford housing—which can be perpetuated by poor health.

**The connection among poverty, housing and health is clear and direct...**

## Baltimore is poor

1/4 of residents live at or below the federal poverty line

Nearly 1/2 live below 200% of the poverty line—or, for a family of four, on a household income of \$48,500 or less

## Housing is unaffordable

The going rate for two-bedroom units in Baltimore in 2015 is \$1,232 a month

Nearly 1/2 of renters in Baltimore spend 35% or more of their income on rent; the federal government recommends people spend no more than 30%

## Homelessness makes you sick

The life expectancy of a person experiencing homelessness is **48 years**

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## The starkest indicator: our kids

15,897 public school students in Maryland experienced homelessness in 2012-13—up 6.3% from 2011-12

2,809 public school students in Baltimore City experienced homelessness in 2012-13—up 14.4% from 2011-12

In 2014 we saw 1,523 children **—7% more than in 2013**



*One night in 2014, a woman who was 8-1/2 months pregnant and turned away from a local shelter slept on our front porch.*

**We are...  
Spirited.  
Revolutionary.  
1,000s-strong.**

**10,000+** clients  
**552** were children under the age of 12 in 2014

**176** staff members  
**104** are direct service and care providers

**30** Board of Directors members  
**6** have experienced homelessness first-hand

**1,256** donors and grantors  
**350** (nearly 1/3) have made gifts for five consecutive years

**100s** of volunteers

**100s** of advocates

**We are...**

**“Warm, competent, professional  
dedicated”**

Kevin Griffin Moreno, volunteer and donor

**“Compassion and love”**

Kenny Willis, client access associate

**“Family-oriented, honest,  
a peaceful environment”**

Devon Hamilton, client

**“Empathy, kindness, equipping”**

Tracy Nishida, registered nurse

**“Difficult, fun, spirited, revolutionary”**

Kim Carroll, social worker

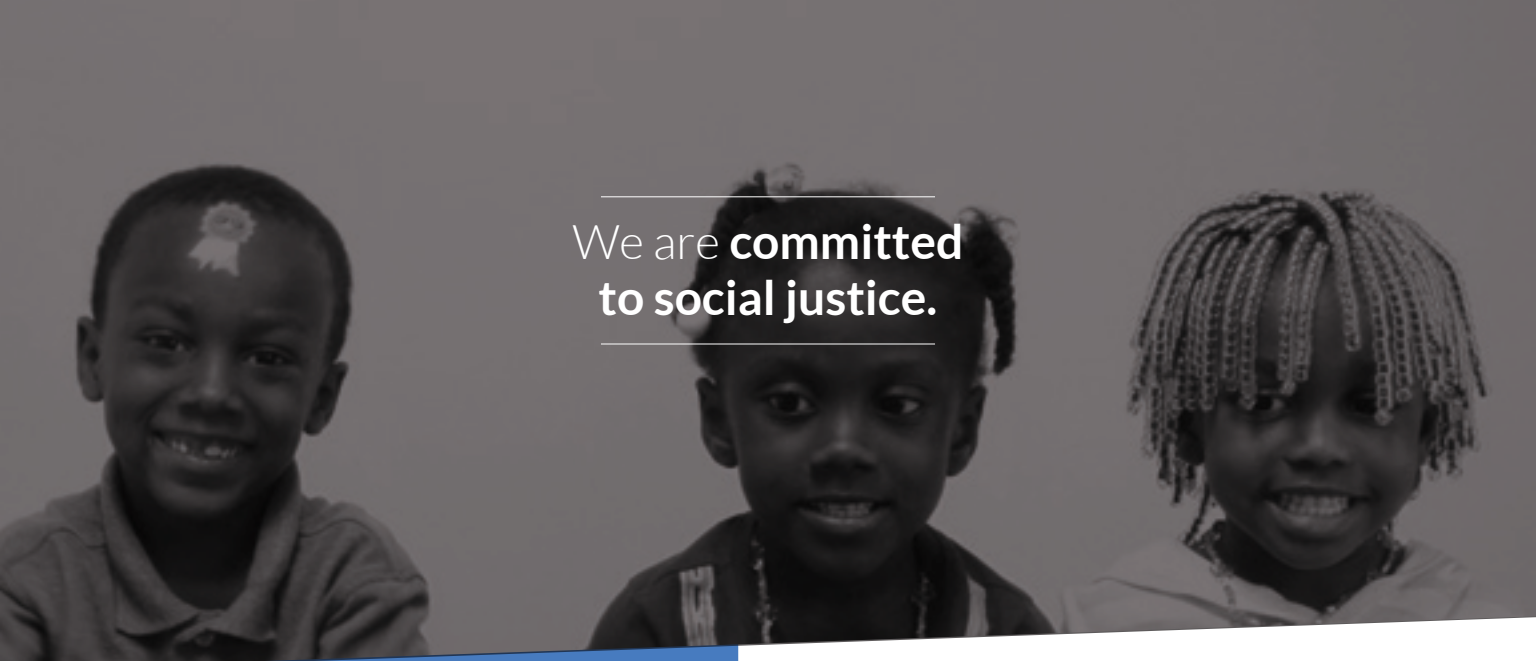
**“Passionate, intense, giving”**

Mary Carole Jorgensen, donor

**“Different, interesting, caring,  
funny...me”**

Damien Haussling, client advocate

Thanks to you, our community will **do what it takes  
to meet growing need** throughout the region and  
across the state.

A black and white photograph of three young children of African descent. The child on the left is a boy with a small flower on his forehead, smiling. The child in the middle is a girl with braids, looking slightly to the side. The child on the right is a girl with braids, smiling. The background is a solid light color.

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We are **committed**  
to social justice.

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We provide ***whole-person health care*** and ***supportive services*** to help our neighbors without homes get and stay healthy.

We advocate for ***affordable housing*** and ***livable incomes*** for all.

This work requires partnering with professional experts and committed supporters.

***Read: ALL OF US***

During 100,000 visits in 2015, we will help 10,000 Marylanders move from crisis toward stability.

Who are they? **They are us.**

**They are children, youth, families and adults.** But they are staying in shelters, on people's couches and on the streets. Some don't know where they'll sleep tonight.

**They are employed and unemployed; educated and career professionals; veterans of war; black, white and brown; gay, straight and transgender.** But they also have known abuse, loss and bad luck.

**They are us.** But they bear daily the brunt of poor public policies and social disinvestment that push affordable housing and livable incomes out of reach for millions across our country.

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Our path is clear.  
**Together, we are unstoppable.**

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**WE ARE DRIVEN BY**

- Staggering rates of poverty and homelessness in Baltimore and beyond
- Unacceptable public policies that have slashed funding for affordable housing over time
- Continuously growing demand for our services in the community

**WE ARE GUIDED BY**

- Our mission to prevent and end homelessness
- The strategic roadmap that aligns our work to our mission
- High standards of care
- Our vision for a just society
- Our core values

“We are no different from our clients. We are **present, genuine** and **thoughtful** members within our families and communities. We are **disruptive** innovators.”

“We don’t give up on anybody. We **never settle**. We create opportunities toward wholeness.”

—Health Care for the Homeless staff





Fighting **tough odds**—  
and **beating them** in ways  
large and small every day.

All of us need ready access to health care and supportive services. We need medical, dental and mental health care. We need insurance and many of us need financial assistance. We need the ongoing support of a caring community. And we need a place to call home.

We are committed to providing the **best health care experience** possible for the people we serve.



**What do you want—and expect—when you visit your doctor or ask for help?** The people we serve want the same.

### **EASY ACCESS TO CARE**

We offer extended hours and same-day appointments.

### **CONVENIENT LOCATIONS**

Headquartered at 421 Fallsway in downtown Baltimore, we also deliver care via our Mobile Clinic at underserved sites in East and West Baltimore and northwest Baltimore County. We have clinics at MedStar Franklin Square Medical Center and in Bel Air, and in December 2015 we open a new clinic in West Baltimore.

### **TOP-NOTCH PROFESSIONALS**

We have a team of providers with highly specific training and an empathetic approach to community care, some of whom have known homelessness first-hand.

### **WHOLE-PERSON CARE**

We are breaking down traditional health care models by creating multidisciplinary care teams centered on clients; together, clients and providers create treatment goals that meet all of the clients' health needs.

### **CLIENT-CENTERED CARE**

We are sensitive to the unique life experiences and needs of our neighbors without homes.

### **HIGH STANDARDS**

We maintain a high bar—reflected in our accreditation by the Joint Commission for Ambulatory and Behavioral Health Care and our certification as a primary care medical home. We track our clients' progress, gauge our own performance and use what we learn to make us better at what we do.

**We all deserve the best care.**

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Our clients are **three times more likely to die** of heart disease than people who are housed.

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### Life on the street is brutal.

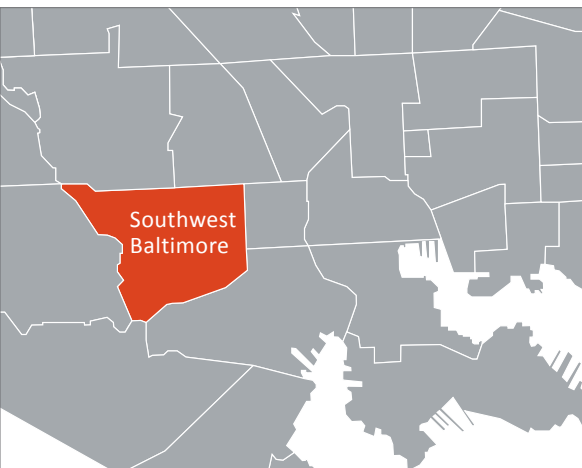
The odds are stacked against the people we serve when it comes to good health. Conditions like diabetes and depression are challenging to manage under any circumstances, but they are especially difficult for those whose lives are unstable and transient. Health Care for the Homeless was designed to help people in the most precarious situations as they move toward health and stability...If our providers cannot help them succeed, who will?

### That's a challenge we accept.

**32** clinical quality measures identify where we are succeeding in fighting those odds and where we need to fight harder. While all of these measures are critically important, we have prioritized five of them this year:

- Screening and treating for depression and obesity
- Identifying, coaching and treating diabetic clients whose blood sugar is not under control
- Providing fluoride varnishes to children and adolescents
- Connecting clients seen in the streets and shelters with providers in a clinic
- Ensuring pregnant women get prenatal care and their babies are born at a healthy weight





## Going where the need is. **Next up: Southwest Baltimore**

In the last year we welcomed two small clinics—in Baltimore and Harford counties—into the Health Care for the Homeless portfolio. For the first time since we opened in 1985, we will launch a brand new clinic in December 2015. This move into Southwest Baltimore is a response to clear and quantifiable need.

We will open initially at Bon Secours Baltimore Medical Center. That zip code—**21223**—and the two surrounding zip codes—**21216** and **21217**—together accounted for nearly 25% of the city’s HIV cases in 2012. And Southwest Baltimore as a whole is home to some of the city’s deepest poverty, its lowest quality of life and **highest levels of need**.

*We continue to conduct needs assessment throughout the region- and respond accordingly.*

INDICATOR	SOUTHWEST BALTIMORE	BALTIMORE
Total population	17,885	620,961
Black/African American	75.8%	63.8%
Households living in poverty	33%	19.1%
Age 25+ w/less than a high school diploma	31.1%	20.4%
Valid library cards per 1,000 residents	202.8	299.1
Adult population on parole/probation	11.1%	5.3%
Life expectancy	68.3 years	73.5 years
Teen births per 1,000 females ages 15-19	60.1%	36.1%
911 domestic violence calls per 1,000 residents	77.2	54.2
911 drug-related calls per 1,000 residents	259.8	90.3
Vacant and abandoned properties	27.1%	8%
Total land area w/ tree canopy	14.1%	27.4%

*The Southwest Baltimore Community Statistical Area profile is based mostly on data from Datamind Baltimore and Baltimore Neighborhood Indicators Alliance Vital Signs reports.*



“I guess I had been about 17. I was in my car. It was raining really hard. And I saw this older gentleman and he was pushing a cart. So any dollars I had in my pocket I got out and I gave it to him. But then I got back in the car and I felt like that wasn’t enough. At that moment sitting in my car, **I knew that there’s got to be more I can do.**”

—Kim Carroll, social worker at Health Care for the Homeless

What do you do  
when its like a  
thunder storm?

answer

train or bus monthly  
bus pass. when homeless  
run like heck

During your life

Taylor, a 5th-grade student, met Mark in spring 2015. She talked to him about his experiences with homelessness off and on throughout his life.

Taylor: What do you do when it's like a thunderstorm?

Mark: I made sure I always had a monthly bus pass when I was homeless. And I ran like heck.

Taylor: During your life, how many homeless people have you seen?

Mark: Hundreds.

Taylor: Don't judge homeless people by how they look.

# YOU play a powerful role.

## In 2014 we had **\$17,500,606** in revenue

**37%** (\$6,532,547) came from public grants and contracts

**47%** (\$8,250,561) came from insurance reimbursements

**8%** (\$1,475,692) came from contributions

**7%** (\$1,241,806) came from other resources

## And in 2014 we had **\$15,856,078** in expenses\*

More than **82%** (\$13,036,268) went to providing services to clients

Less than **14%** (\$2,118,071) went to covering general and administrative costs

Less than **5%** (\$701,739) went to underwriting our fundraising efforts

\*The gap between our revenue and expenses exists because we are committed to building and maintaining a 100-day cash reserve.

## In 2014 we served more people

We cared for **24%** more people and logged **14%** more client visits for the second year straight. In 2015 we are on track to grow at the same rate.

Thanks to Medicaid expansion, **90%** of the people we serve are now insured, up from **30%** in 2013.

## You are essential to our clients' wellbeing.

**Just more than half—60%—**of the health care services we provide are covered by insurance. Private contributions from people like you are critical to funding the balance—and to saving lives.

**Danielle German** and **Amanda Mix**, who asked friends and family to make contributions to Health Care for the Homeless in honor of their wedding.

**Mary Carole Jorgensen** and trustees of the **Mia Sutphin Foundation**, who realized that homelessness is our nation's crisis and prioritized Health Care for the Homeless both in their annual giving and volunteering.

**Claudia Burns**, Senior Director at Connections Education, who has made monthly donations to Health Care for the Homeless since 2010.

People just like **YOU**.

“From 1952 until her death, basically, my mother did refugee work and then worked with chronically indigent mentally ill and mentally disabled homeless folks, finding them housing. I can’t do that. But I can give money. And I was raised in the tradition of you never ever forget those who have less. **No matter how little you have, you never forget those who have less and you never turn your back on them.**”

—Claudia Burns, sustaining donor





Health Care for the Homeless exists because **you see injustice** and want to fix it. We exist because **you invest** in the work it takes to bring about change. **You support** us through your corporate philanthropy and individual and family gifts. **Thank you.**

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## Donors

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Baltimore Women's Giving Circle

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Morton K. and Jane Blaustein Foundation

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and donated items to  
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**Alexandra Aaronson**  
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Abigail Aaronson  
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Health Care for the Homeless

[www.hchmd.org](http://www.hchmd.org)

[@hchhomeless](https://www.instagram.com/hchhomeless)

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Appointments: 443-703-1204

Mobile Clinic: 443-703-1200

Development & Events: 443-703-1345

Communications: 443-703-1315

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